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CONFIRMATION NO. 1117

<b>SERIAL NUMBER</b> 10/779,423	<b>FILING OR 371(c) DATE</b> 02/13/2004 <b>RULE</b>	<b>CLASS</b> 044	<b>GROUP ART UNIT</b> 1714	<b>ATTORNEY DOCKET NO.</b> T-6201 (538-54)
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* COT

\*\* FOREIGN APPLICATIONS \*\*\*\*\* COT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 06/15/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>COT</u> Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 2
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## TITLE

Diesel fuel composition

<b>FILING FEE RECEIVED</b> 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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